

STATE OF UTAH

Department of Environmental Quality

Division of Water Quality

P. O. Box 144870, Salt Lake City, Utah 84114

<http://www.deq.state.ut.us>

Telephone: 801 538 6146 [Voice] 801 538 6016 [Fax]

CERTIFICATION OF ONSITE SYSTEM PROFESSIONALS

Read the instructions carefully. If you do not follow the instructions, we may have to return your application which may delay final action.

WHO MAY FILE ?

Anyone seeking a certification for soil evaluation, percolation testing, and design, inspection and maintenance of conventional or alternative underground wastewater disposal systems, who: [a] has successfully passed an examination following training provided by the Utah Onsite Training Center, or, [b] is qualified based on licensure, education and/or experience, such as professional engineer, registered environmental health scientist or licensed contractor, in accordance with the requirements of R317-11, Certification to Design, Inspect and Maintain Underground Wastewater Disposal Systems, Utah Administrative Code.

GENERAL FILING INSTRUCTIONS

1. Type or print legibly in ink.
2. If extra space is needed to complete any item, attach a continuation sheet, indicate the item number, and date each sheet.
3. Answer all questions fully and accurately, If any item does not apply, please write N/A.
4. Enclose a filing fee in the amount of \$ 10 for the first-time application or for the renewal at the same level of the certification. Please make the check payable to the State of Utah.
5. Mail the completed form to the Utah Division of Water Quality, P. O. Box 144870, Salt Lake City, Utah 84114-4870 or bring to the Division's offices at 288 North 1460 West, 3rd Floor in Salt Lake City.

WHAT DOCUMENTS NEED TO BE SUBMITTED ? [PLEASE DO NOT SUBMIT ORIGINALS]

1. If you are requesting certification without a test, copies of:
 - a. transcripts showing courses taken if you are a professional engineer.
 - b. license issued by the State of Utah if you are a professional engineer, a licensed contractor or a registered environmental health scientist.
2. If you are requesting certification based on training and testing, copies of evidence of successful passing of the examination from the Utah Onsite Training Center.

WHAT IS OUR AUTHORITY FOR COLLECTING THIS INFORMATION ?

We request the information on this form to carry out the provisions of Title 19, Chapter 5, Section 121, Utah Code Annotated, and the rule R317-11, Utah Administrative Code, adopted by the Utah Water Quality Board on August 10, 2001.

STATE OF UTAH

DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY

CERTIFICATION OF ONSITE SYSTEM PROFESSIONALS

1. LEVEL OF CERTIFICATION

I am applying for: [check appropriate box]

- ☐ certification at:
- ☐ Level I [Soil Evaluation and Percolation Testing],
 - ☐ Level II [Design, Inspection and Maintenance of Conventional Systems],
 - ☐ Level III [Design, Inspection and Maintenance of Alternative Systems]
- ☐ I have successfully passed an examination given by the Utah Onsite Training Center for:
- ☐ Level I [date] _____
 - ☐ Level II [date] _____
 - ☐ Level III [date] _____
- ☐ I am qualified without testing as:
- ☐ I am a professional engineer with qualifying education or experience.
 - ☐ I am a registered environmental health scientist with at least one year of qualifying experience.
 - ☐ I am a licensed contractor with at least five years of qualifying onsite systems experience.
- ☐ renewal of the Certificate No. _____
- ☐ Level I [Soil Evaluation and Percolation Testing],
 - ☐ Level II [Design, Inspection and Maintenance of Conventional Systems],
 - ☐ Level III [Design, Inspection and Maintenance of Alternative Systems]
- ☐ I have taken an appropriate refresher course given by the Utah Onsite Training Center for:
- ☐ Level I [date] _____
 - ☐ Level II [date] _____
 - ☐ Level III [date] _____
- ☐ I have enclosed the ☐ certification application or ☐ renewal of certification fee \$10.00.
[check ☐, money order ☐, other ☐ _____]

2. GENERAL INFORMATION

Name in full [no abbreviations]

Present affiliation/company/business

2. GENERAL INFORMATION

Address [check one preferred for mailing]	Residence <input type="checkbox"/>	Business <input type="checkbox"/>
Street, Apt. No. or P. O. Box		
City		
State, Zip Code		
Telephones: [check one preferred for contacting]	Residence <input type="checkbox"/>	Business <input type="checkbox"/>
Voice		
Facsimile		
Mobile		
E-Mail [check one preferred for communication]	Residence <input type="checkbox"/>	Business <input type="checkbox"/>
Address		

3. EDUCATION

APPLIES ONLY TO PROFESSIONAL ENGINEERS REQUESTING CERTIFICATION WITHOUT A TEST

Name and Location of Educational Institution	Diploma / Certificate received	Area of Study

Copies of transcripts enclosed ☐**4. LICENSES / CERTIFICATION IN THE STATE OF UTAH**APPLIES ONLY TO PROFESSIONAL ENGINEERS , REGISTERED ENVIRONMENTAL HEALTH SCIENTISTS
OR LICENSED CONTRACTORS REQUESTING CERTIFICATION WITHOUT A TEST

Type of License or Certification [e.g. P.E.]	Licence or Certification Number	Classification [e.g. Civil Engg.]	How Obtained ? [Test/Reciprocity/By rule]	Date of Issuance

Copies of licenses or certifications enclosed ☐

5. EXPERIENCE RECORD IN, OR RELATED TO, ONSITE WASTEWATER SYSTEMS

APPLIES ONLY TO PROFESSIONAL ENGINEERS , REGISTERED ENVIRONMENTAL HEALTH SCIENTISTS OR LICENSED CONTRACTORS REQUESTING CERTIFICATION WITHOUT A TEST

Number of Engagement	Dates From - To	Title of Position, Name of Employer, Duties, Degree of Responsibilities of each engagement Make clear and concise statements; Amplify further on separate sheets or with resume; supporting material if attached should be coded with the number of each engagement	Total Time, years	Name, Title, Current Phone Number and Mailing Address of Superior or other persons most familiar with your work
Total experience in years claimed by the applicant				
Verified summary by the Division of Water Quality				

6. DECLARATION

I hereby certify that, to the best of my knowledge, [a] I am qualified in all respects for the certification for which I am applying; and, [b] the information contained in this application is correct and discloses all facts necessary to properly evaluate my qualifications for certification.

Signature in full _____ Date _____

FORM R317-11 082001V2

